## AMENDED IN ASSEMBLY MARCH 29, 2012

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

## **ASSEMBLY BILL**

No. 2400

## **Introduced by Assembly Member Butler**

February 24, 2012

An act to amend Section 1596.66 of Sections 1502 and 1507 of, and to add Section 1524.8 to, the Health and Safety Code, relating to license-exempt child care providers health and care facilities.

## LEGISLATIVE COUNSEL'S DIGEST

AB 2400, as amended, Butler. <del>License-exempt child care providers.</del> *Social rehabilitation facilities*.

Existing law, the California Community Care Facilities Act, requires the State Department of Social Services to license and regulate community care facilities, including social rehabilitation facilities, as defined. Existing law authorizes a community care facility to provide incidental medical services, as specified. A violation of community care facility provisions is a misdemeanor.

This bill would prohibit a licensed social rehabilitation facility from employing more than one licensed physician or surgeon or registered nurse for every 6 patients. This bill would provide that medical services provided by a social rehabilitation facility that employs more than one licensed physician or surgeon or registered nurse for every 6 patients shall not be considered incidental medical services. This bill would presume excessive a rate charged by a social rehabilitation facility that is more than 150% of the rate the state pays for similar services, and require the department to investigate complaints of excessive rates. This bill would require the department to issue an order to a facility charging excessive rates that requires the facility to reduce its rate to

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an amount that is no longer excessive, as determined by the department, or justify its rate at a hearing, as specified, after which the department would issue an order determining a reasonable rate the facility may charge.

By expanding the definition of a crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Existing law requires a license-exempt child care provider receiving payment for child care services pursuant to specified provisions of law to be registered as a trustline provider, unless the provider is exempted from registration due to being the grandparent, aunt, or uncle of the child in care.

This bill would make technical, nonsubstantive changes to these provisions, and would delete an obsolete cross-reference.

Vote: majority. Appropriation: no. Fiscal committee: no-yes. State-mandated local program: no-yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1502 of the Health and Safety Code is 2 amended to read:
- 3 1502. As used in this chapter:

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- (a) "Community care facility" means any facility, place, or building that is maintained and operated to provide nonmedical residential care, day treatment, adult day care, or foster family agency services for children, adults, or children and adults, including, but not limited to, the physically handicapped, mentally impaired, incompetent persons, and abused or neglected children,
- and includes the following:
  (1) "Residential facility" means any family home, group care
  facility, or similar facility determined by the director, for 24-hour
  nonmedical care of persons in need of personal services,
- supervision, or assistance essential for sustaining the activities of daily living or for the protection of the individual.

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(2) "Adult day program" means any community-based facility or program that provides care to persons 18 years of age or older in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of these individuals on less than a 24-hour basis.

- (3) "Therapeutic day services facility" means any facility that provides nonmedical care, counseling, educational or vocational support, or social rehabilitation services on less than a 24-hour basis to persons under 18 years of age who would otherwise be placed in foster care or who are returning to families from foster care. Program standards for these facilities shall be developed by the department, pursuant to Section 1530, in consultation with therapeutic day services and foster care providers.
- (4) "Foster family agency" means any organization engaged in the recruiting, certifying, and training of, and providing professional support to, foster parents, or in finding homes or other places for placement of children for temporary or permanent care who require that level of care as an alternative to a group home. Private foster family agencies shall be organized and operated on a nonprofit basis.
- (5) "Foster family home" means any residential facility providing 24-hour care for six or fewer foster children that is owned, leased, or rented and is the residence of the foster parent or parents, including their family, in whose care the foster children have been placed. The placement may be by a public or private child placement agency or by a court order, or by voluntary placement by a parent, parents, or guardian. It also means a foster family home described in Section 1505.2.
- (6) "Small family home" means any residential facility, in the licensee's family residence, that provides 24-hour care for six or fewer foster children who have mental disorders or developmental or physical disabilities and who require special care and supervision as a result of their disabilities. A small family home may accept children with special health care needs, pursuant to subdivision (a) of Section 17710 of the Welfare and Institutions Code. In addition to placing children with special health care needs, the department may approve placement of children without special health care needs, up to the licensed capacity.
- (7) "Social rehabilitation facility" means any residential facility that provides social rehabilitation services for no longer than 18

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residents.

months in a group setting to adults recovering from mental illness who temporarily need assistance, guidance, or counseling. Program components shall be subject to program standards pursuant to Article 1 (commencing with Section 5670) of Chapter 2.5 of Part 2 of Division 5 of the Welfare and Institutions Code. A licensed social rehabilitation facility shall not employ more than one licensed physician or surgeon or registered nurse for every six

(8) "Community treatment facility" means any residential facility that provides mental health treatment services to children in a group setting and that has the capacity to provide secure containment. Program components shall be subject to program standards developed and enforced by the State Department of Mental Health pursuant to Section 4094 of the Welfare and Institutions Code.

Nothing in this section shall be construed to prohibit or discourage placement of persons who have mental or physical disabilities into any category of community care facility that meets the needs of the individual placed, if the placement is consistent with the licensing regulations of the department.

- (9) "Full-service adoption agency" means any licensed entity engaged in the business of providing adoption services, that does all of the following:
- (A) Assumes care, custody, and control of a child through relinquishment of the child to the agency or involuntary termination of parental rights to the child.
- (B) Assesses the birth parents, prospective adoptive parents, or child.
- (C) Places children for adoption.
- (D) Supervises adoptive placements.
- Private full-service adoption agencies shall be organized and operated on a nonprofit basis. As a condition of licensure to provide intercountry adoption services, a full-service adoption agency shall be accredited and in good standing according to Part 96 of Title 22 of the Code of Federal Regulations, or supervised by an accredited primary provider, or acting as an exempted provider, in compliance with Subpart F (commencing with Section 96.29)

of Part 96 of Title 22 of the Code of Federal Regulations.

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(10) "Noncustodial adoption agency" means any licensed entity engaged in the business of providing adoption services, that does all of the following:

(A) Assesses the prospective adoptive parents.

- (B) Cooperatively matches children freed for adoption, who are under the care, custody, and control of a licensed adoption agency, for adoption, with assessed and approved adoptive applicants.
- (C) Cooperatively supervises adoptive placements with a full-service adoptive agency, but does not disrupt a placement or remove a child from a placement.

Private noncustodial adoption agencies shall be organized and operated on a nonprofit basis. As a condition of licensure to provide intercountry adoption services, a noncustodial adoption agency shall be accredited and in good standing according to Part 96 of Title 22 of the Code of Federal Regulations, or supervised by an accredited primary provider, or acting as an exempted provider, in compliance with Subpart F (commencing with Section 96.29) of Part 96 of Title 22 of the Code of Federal Regulations.

- (11) "Transitional shelter care facility" means any group care facility that provides for 24-hour nonmedical care of persons in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of the individual. Program components shall be subject to program standards developed by the State Department of Social Services pursuant to Section 1502.3.
- (12) "Transitional housing placement facility" means a community care facility licensed by the department pursuant to Section 1559.110 to provide transitional housing opportunities to persons at least 16 years of age, and not more than 18 years of age unless the requirements of Section 11403 and paragraph (1) of subdivision (a) of Section 11403.2 of the Welfare and Institutions Code are met, who are in out-of-home placement under the supervision of the county department of social services or the county probation department, and who are participating in an independent living program.
- 36 (b) "Department" or "state department" means the State 37 Department of Social Services.
  - (c) "Director" means the Director of Social Services.
- 39 SEC. 2. Section 1507 of the Health and Safety Code is amended 40 to read:

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 1507. (a) Notwithstanding any other provision of law, incidental medical services may be provided in a community care facility. If the medical services constitute a substantial component of the services provided by the community care facility as defined by the director in regulations, the medical services component shall be approved as set forth in Chapter 1 (commencing with Section 1200) or Chapter 2 (commencing with Section 1250).

- (b) Notwithstanding any other provision of law, if the requirements of subdivision (c) are met, the department shall permit incidental medical services to be provided in community care facilities for adults by facility staff who are not licensed health care professionals but who are trained by a licensed health care professional and supervised according to the client's individualized health care plan prepared pursuant to subdivision (c). Incidental medical services provided by trained facility staff for the following conditions shall be limited as follows:
- (1) Colostomy and ileostomy: changing bags and cleaning stoma.
- (2) Urinary catheter: emptying bags in day care facilities; emptying and changing bags in residential facilities.
- (3) Gastrostomy: feeding, hydration, cleaning stoma, and adding medication per physician's or nurse practitioner's orders for the routine medication of patients with chronic, stable conditions.
- (c) Facility staff may provide incidental medical services if the following conditions have been met:
  - (1) For regional center clients the following shall apply:
- (A) An individualized health care plan, which may be part of a client's individual program plan, shall be prepared for each client by a health care team that shall include the client or his or her designee if the client is not able to participate in planning his or her health care, the client's primary care physician or nurse practitioner or other health care professional designated by the physician or nurse practitioner, the licensee or licensee's designee, any involved social worker or regional center worker, and any health care professional designated to monitor the client's individualized health care plan.
- (B) The client's individualized health care plan shall be reassessed at least every 12 months or more frequently as determined by the client's physician or nurse practitioner during

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the time the client receives incidental medical services in the facility.

- (C) The client's regional center, primary care physician or nurse practitioner, or other health care professional designated by the physician or nurse practitioner shall identify the health care professional who shall be responsible for training facility staff in the provision of incidental medical services.
- (D) Facility staff shall be trained by the identified health care professional practicing within his or her scope of practice who shall monitor, according to the individualized health care plan, the staff's ability to provide incidental medical services and who shall review, correct, or update facility staff training as the health care professional deems necessary.
- (E) The regional center or placing agency shall evaluate, monitor, and have responsibility for oversight of the incidental medical services provided in the facility by facility staff. However, nothing in this section shall preclude the department from taking an administrative action against a licensee or facility staff member for failure or refusal to carry out, or negligence in carrying out, his or her duties in providing these incidental medical services.
- (2) For persons who are not regional center clients, the following shall apply:
- (A) An individualized health care plan shall be prepared that includes the physician's or nurse practitioner's order for services to be provided during the time the client is in the day care facility. The plan shall be prepared by a team that includes the client or his or her designee if the client is not able to participate in planning his or her care, the client's social worker, conservator, or legal guardian, as appropriate, a licensed health care professional, and the licensee or the licensee's designee.
- (B) The client's individualized health care plan shall be reassessed at least every 12 months or more frequently as determined by the client's physician or nurse practitioner during the time the client receives incidental medical services in the facility.
- (C) A licensed health care professional practicing within his or her scope of practice shall train the staff of the facility on procedures for caring for clients who require incidental medical services and shall periodically review, correct, or update facility staff training as the health care professional deems necessary.

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(d) Facilities providing incidental medical services shall remain in substantial compliance with all other applicable regulations of the department.

- (e) The department shall adopt emergency regulations for community care facilities for adults by February 1, 1997, to do all of the following:
- (1) Specify incidental medical services that may be provided. These incidental medical services shall include, but need not be limited to, any of the following: gastrostomy, colostomy, ileostomy, and urinary catheters.
- (2) Specify the conditions under which incidental medical services may be provided.
- (3) Specify the medical services that, due to the level of care required, are prohibited services.
- (f) The department shall consult with the State Department of Developmental Services, the State Department of Mental Health, the Association of Regional Center Agencies, and provider associations in the development of the regulations required by subdivision (e).
- (g) Medical services that are provided by a social rehabilitation facility that employs more than one licensed physician or surgeon or registered nurse for every six residents shall not be considered incidental medical services.
- SEC. 3. Section 1524.8 is added to the Health and Safety Code, to read:
- 1524.8. (a) (1) The department shall investigate complaints of excessive rates charged to residents of a social rehabilitation facility.
- (2) A rate charged by a social rehabilitation facility shall be presumed excessive if the rate is more than 150 percent of the rate the state pays for services provided by a social rehabilitation facility.
- (b) The department shall issue an order to a facility the department determines is charging excessive rates and require the facility to do either of the following:
- 36 (1) Reduce its rate to an amount that is no longer excessive, as determined by the department.
  - (2) Justify its rate as reasonable.
- 39 (c) If the facility chooses to justify its rate, it shall justify its rate 40 to the department in a hearing conducted pursuant to the

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administrative adjudication procedures in the Administrative
 Procedure Act, as described in Chapter 4.5 (commencing with
 Section 11400) of Part 1 of Division 3 of Title 2 of the Government
 Code.

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- (d) On completion of an administrative adjudication pursuant to subdivision (c), the department shall issue an order establishing a reasonable rate that the facility may charge its residents.
- (e) An order issued pursuant to subdivision (d) may be subject to judicial review.
- SEC. 4. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

SECTION 1. Section 1596.66 of the Health and Safety Code is amended to read:

1596.66. (a) Each license-exempt child care provider, as defined pursuant to Section 1596.60, who is compensated, in whole or in part, with funds provided pursuant to the Alternative Payment Program, Article 3 (commencing with Section 8220) of Chapter 2 of Part 6 of Division 1 of Title 1 of the Education Code or pursuant to the federal Child Care and Development Block Grant Program, except a provider who is, by marriage, blood, or court decree, the grandparent, aunt, or uncle of the child in care, shall be registered pursuant to Sections 1596.603 and 1596.605 in order to be eligible to receive this compensation. Registration under this chapter shall be required for providers who receive funds under Section 9858 and following of Title 42 of the United States Code only to the extent permitted by that law and the regulations adopted pursuant thereto. Registration under this chapter shall be required for providers who receive funds under the federal Child Care and Development Block Grant Program only to the extent permitted by that program and the regulations adopted pursuant thereto.

(b) For the purposes of registration of the providers identified in subdivision (a), the following procedures shall apply:

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 (1) Notwithstanding subdivision (a) of Section 1596.603, the provider shall submit the fingerprints and trustline application to the local child care resource and referral agency established pursuant to Article 2 (commencing with Section 8210) of Chapter 2 of Part 6 of Division 1 of Title 1 of the Education Code. The local child care resource and referral agency shall transmit the fingerprints and completed trustline applications to the department and address any local problems that occur in the registration system. If a fee is charged by the local child care resource and referral agency that takes a provider's fingerprints, the provider shall be reimbursed for this charge by the State Department of Education, through the local child care resource and referral agency, from federal Child Care and Development Block Grant funds to the extent that those funds are available.

- (2) The department shall adhere to the requirements of Sections 1596.603, 1596.605, and 1596.607 and shall notify the California Child Care Resource and Referral Network of any action it takes pursuant to Sections 1596.605 and 1596.607.
- (3) The California Child Care Resource and Referral Network shall notify the applicable local child care resource and referral agencies, alternative payment programs, and county welfare departments of the status of the trustline applicants and registered trustline child care providers. The network shall maintain a toll-free telephone line to provide information to the local resource and referral agencies, the alternative payment programs, and the child care recipients of the status of providers.
- (c) This section shall become operative only if funds appropriated for the purposes of this article from Item 6110-196-890 of Section 2 of the Budget Act of 1991 are incorporated into and approved as part of the state plan that is required pursuant to Section 658E(a) of the federal Child Care Block Grant Act of 1990 (Sec. 5082, P.L. 101-508).